	• ب ر.					מבט	I WA	Ψi	ריארו	. •	У Г І		
PATENT APPLICATION FEE DETERMINATION RECOR							RD	Application or Docket Number U 9/98923					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA		NTITY	^ ₽	OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		72,				RA		FEE		RATE	FEE	
FC)R		NUMBE	NUMBER FILED		NUMBER EXTRA		PEE	370.00	OR			
TC	TAL CHARGE	ABLE CLAIMS	72 minus 20= *		• 52		X\$	9=	486	OR	140.0	468	
NC	DEPENDENT C	LAIMS	6 minus 3 =		•	5	X4	X42= 11		OR	X84=	210	
ML	ALTIPLE DEPE	NDENT CLAIM P	RESENT				+14	+140=		OR	+280=		
• If	the difference	in column 1 is	zero, ente	ro, enter "0" in column 2			FAL	100	OR	TOTAL	10%		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	. 70	Minus	••			X\$	9=		OR	X\$18=		
	Independent	• 10	Minus	***	8	· 2/	X4	20	200	OR	200 XB4=	1 22 4	
	PIRST PRESE	ENTATION OF M	ULTIPLE D	EPENDEN	CLAIM		+14	 0=.		OR	+280=		
							TO ADDIT.)TAL FEE		00	TOTAL ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVI PAID	EST BER OUSLY	PRESENT EXTRA	RAT	ΠE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
	Total	•	Minus	910		•	XS	9=		OR	X\$18=		
	Independent	•	Minus	***			X4:)= -		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE O	PENDENT	CLAIM		+14			OR	+280=		
								TAL		. 1	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS	: .	(Colur HIGH	EST	(Column 3)		_	ADD	1	 -1	ADD	
DMENT C		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA _ FEE	
7	Total		Minus	88			YS			ای	Y\$18-		

FORM PTO-875 (Rev. 8/01)

합니도 (200 1001 세조 134 / 2018)

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Parent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

X\$18=

X84=

+280=

OR ADDIT. FEE

BEST AVAILABLE COPY

X42=

+140=

ADDIT. FEE